

# Public Records Request

Requestor's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Description of Records Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of Requesting Above Mentioned Records: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that a copy of this request will be given to the individual of whom records I have requested to review or copy.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_